

# Certified Educational Facilities Manager - NJDOE Renewal Application v08312015

Applicant's Last Name Applicant's First Name Date

Current Employer CEFM ID Number

Home Address City

State Zip Code

E-mail (non-work) CEFM Expiration Date

Pursuant to C. 18A:17-54 **Application for renewal of authorization.** A certified educational facilities manager shall apply to the DOE for renewal of the authorization issued pursuant to C.18A:17-53. This renewal application includes a certified statement that the applicant completed at least 20 hours of training or continuing education in the prior three years in fields of study related to school facilities in the State and approved by the DOE, Office of School Facilities. Please submit separate documentation (**A PDF copy of the certificate issued at the Continuing Education session that matches the CE# below.**) demonstrating compliance with this section of statute:

CE - #	CE - #	CE - #	CE - #	CE - #	CE - #	CE - #
Hours	Hours	Hours	Hours	Hours	Hours	Hours

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CE - #	CE - #	CE - #	CE - #	CE - #	CE - #	CE - #
Hours	Hours	Hours	Hours	Hours	Hours	Hours

**I hereby certify that the information provided in this form or any attached document is, to the best of my knowledge, a true and accurate representation that the I have completed at least 20 hours of training or continuing education in the prior three years in fields of study related to school facilities.**

Please review the guidelines and FAQ's on the website at <http://www.state.nj.us/education/facilities/CEFM> for additional information. For questions or to send the pertinent documentation in support of the criteria you indicated above for authorization, please submit to:

E-Mail: **CEFM\_app@doe.nj.gov** *(Please make all attachments PDF files)*

**Mail: CEFM Program Application  
 New Jersey Department of Education  
 Office of School Facilities  
 P.O. Box 500  
 Trenton, NJ 08625-0500**

**Overnight Delivery: CEFM Program Application  
 New Jersey Department of Education  
 Office of School Facilities  
 200 Riverview Plaza, 2nd Floor  
 Trenton, NJ 08611-3419**

Save this form in the following format: **LASTNAME\_FIRSTNAME\_CEFM\_Renewal.pdf** before printing / emailing.